

Samuel Aaron Belanger, Pro Se  
A.O. 2060357  
700 Conley Lake Road  
Deer Lodge, MT 59722

FILED

December 11 2009

*Ed Smith*  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

IN THE SUPREME COURT OF THE STATE OF MONTANA

NO. \_\_\_\_\_

STATE OF MONTANA,

Plaintiff,

vs.

SAMUEL AARON BELANGER,

Defendant.

FILED

DEC 11 2009

*Ed Smith*  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

NOTICE OF APPEAL

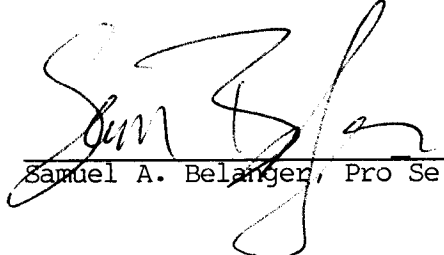
NOTICE is given that SAMUEL AARON BELANGER, the above-named and who is the Petitioner and Defendant in that cause of action filed in the Montana Twentieth Judicial District Court, in the County of Sanders, as Cause No. DC-04-61, hereby appeals to the Supreme Court of the State of Montana from the order entered in such action on the 22nd day of October, 2009.

THE APPELLANT FURTHER CERTIFIES:

1. That this appeal IS NOT subject to the mediation process required by M.R. App. P.7.
2. That this appeal IS NOT an appeal from an order certified as final under M.R. Civ. P. 54(b).
3. THAT this appeal IS NOT a matter with respect a challenge to the constitutionality of any act to the Montana Legislature.
4. That this Appellant has given notice of this appeal to the Montana Twentieth Judicial District Court and the Montana Attorney General's Office.
5. That included herewithis Affidavit in Support of Motion to proceed on Appeal without payment of filling fee.

Defendant is appealing the Twentieth Judicial District Court's decision and Order Denying defendant's request to strike sentencing condition requiring offender registration.

Dated this 14th day of November, 2009.

  
\_\_\_\_\_  
Samuel A. Belanger, Pro Se

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing;

NOTICE OF APPEAL

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was served upon the persons named below by:

[ x ] U.S. Mail, Postage Prepaid,  
[ ] Federal Express,  
[ ] Hand Delivery,  
[ ] Facsimile,  
[ ] Other \_\_\_\_\_,

... A true and correct copy of said Document.

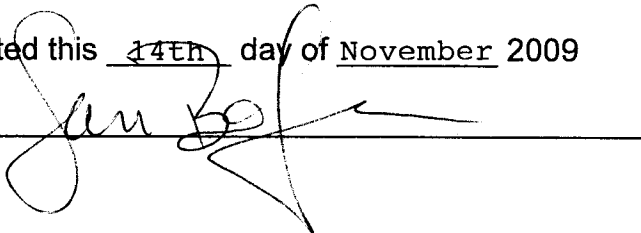
Montana Attorney General  
Steve Bullok  
P.O. Box 201401  
Helena, MT 59620

Coleen Magera  
Sanders County Attorney  
P.O. Box 519  
Thompason Falls, MT 59873

Diane Rummel  
Clerk of District Court  
P.O. Box 519  
Thompson Falls, MT 59873

Dated this 14th day of November 2009

Signed: \_\_\_\_\_



FORM TO BE USED BY PRISONERS REQUESTING TO  
PROCEED WITHOUT PREPAYMENT OF COSTS  
(IN FORMA PAUPERIS)

NAME Samuel Aaron Belanger

PRISON NUMBER 2060357

PLACE OF CONFINEMENT Montana State Prison

CRIMINAL CAUSE NUMBER DC-04-61

STATE OF MONTANA,  
(List all Plaintiffs/Petitioners/Movants)

v.

SAMUEL AARON BELANGER.  
(List all Defendants/Respondents).

Instructions

1. Use this form if you are filing a legal document in state district court or the Montana Supreme Court and you cannot pay the filing fee. File this form when you file your legal pleading – not before.
2. ATTACH AN OFFICIAL COPY OF YOUR INMATE TRUST ACCOUNT STATEMENT TO THIS FORM.
3. You must tell the truth and sign the form. If you make a false statement of a material fact you may be prosecuted for perjury.
4. If you are allowed to proceed *in forma pauperis*, you may file your legal documents without prepayment of costs. It does not mean you are entitled to free transcripts or the appointment of counsel.

MOTION AND AFFIDAVIT TO PROCEED WITHOUT  
PREPAYMENT OF COSTS (IN FORMA PAUPERIS)

1. My name is Samuel Aaron Belanger.

I am the (check one) [     ] petitioner/plaintiff  
[ ☒ ] defendant  
[     ] other (explain) \_\_\_\_\_  
\_\_\_\_\_

2. In support of my request to proceed without prepayment of costs, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief in the action to which I am or will be a party.

3. In support of this motion, I answer the following questions under penalty of perjury.

4. Are you currently incarcerated? [ ☒ ] Yes [     ] No

5. Are you currently employed? [     ] Yes [ ☒ ] No

a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer:

\_\_\_\_\_  
\_\_\_\_\_

b. If no, state the date of your last employment and the amount of salary or wages per month:

Montana State Prison Kitchen ending 11/30/2009

pay rate \$0.25/hour

\_\_\_\_\_

6. In the past 12 months, have you received any money from any of the following sources?

- |   |                |
|---|----------------|
| a. business, profession or other self-employment  | Yes [ ] No [x] |
| b. rent payments, interests or dividends          | Yes [ ] No [x] |
| c. pensions, annuities or life insurance payments | Yes [ ] No [x] |
| d. disability or workers compensation payments    | Yes [ ] No [x] |
| e. social security or retirement benefits         | Yes [ ] No [x] |
| f. family or friends                              | Yes [ ] No [x] |
| g. gifts or inheritances                          | Yes [ ] No [x] |
| h. any other sources (specify) _____              | Yes [ ] No [x] |

If the answer to any of the above is yes, describe each source of money, state the amount received during the past 12 months, the frequency with which you receive it, and what you expect you will continue to receive:

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7. Do you have any case or checking or savings accounts? Yes [ ] No [x]

If yes, state the total value of all three: \_\_\_\_\_

8. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes [ ] No [x]

If yes, describe the property and state its value: \_\_\_\_\_

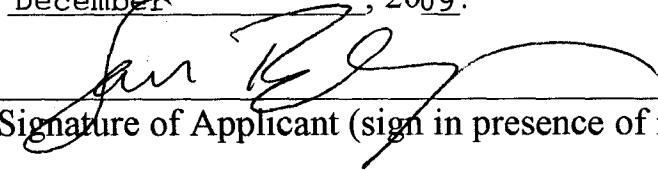
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9. List the persons who are dependent on you for support and state your relationship to each person. Indicate how much you contribute to their support:

None

DATED this 7th day of December, 2009.

  
Signature of Applicant (sign in presence of notary)

SUBSCRIBED and SWORN to before me this 9 day of Dec,  
2009, by DELANGER, SAMUEL (name of Applicant).

  
Signature notary  
VALENTINE T. WALTER, JR.  
Name – typed, stamped or printed  
Notary Public for the State of Montana  
Residing at GRAT FALLS, MT.  
My commission expires 08/06/2010.

LET THE APPLICANT PROCEED WITHOUT PREPAYMENT OF COSTS.

\_\_\_\_\_  
(District Judge or Supreme Court)

## IN THE SUPREME COURT OF THE STATE OF MONTANA

Supreme Court Cause No. \_\_\_\_\_

State of Montana,  
 Plaintiff (designation of party),

Sam Belanger,  
 Defendant (designation of party).

AFFIDAVIT IN SUPPORT OF MOTION  
 TO PROCEED ON APPEAL WITHOUT  
 PAYMENT OF FILING FEE

I, Samuel Belanger, being first duly sworn, depose and say that I am the <sup>Defendant</sup> (designation of party) in the above-entitled case; that in support of my application to proceed on appeal without being required to pay the filing fee, I state that because of my financial condition I am unable to pay the filing fee; that I believe I am entitled to redress; and that the issues which I desire to present on appeal are the following:

District Court ERRED BY DENYING MOTION FOR AMENDED JUDGEMENT

I further swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

1. Are you presently employed? NO
  - a. If the answer is yes, state the amount of your salary or wages per month and give the name and address of your employer.
  - b. If the answer is no, state the date of your last employment and the amount of the salary and wages per month which you received. 8/04 \$1800/mo.
2. Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, or other source? If the answer is yes, describe each source of income, and state the amount received from each during the past 12 months. NO
3. Do you own any cash or checking or savings account? If the answer is yes, state the total value of the items owned. NO
4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? If the answer is yes, describe the property and state its approximate value. NO
5. List the persons who are dependent upon you for support and state your relationship to those persons. NONE

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

Subscribed and sworn to before me this 14th day of November, 2009.

\_\_\_\_\_  
 Notary Public